

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014 - 2016
SERVICE SPECIFICATIONS
FAMILY ADVOCACY SERVICE
Service Code 162**

SERVICE DEFINITION:

This service assists youth and families in the development and implementation of a family-centered strengths-based plan that promotes family sufficiency, positive parental control, youth law abiding behavior and compliance with the terms of probation, and addresses the needs of the youth in the community keeping them out of detention or other out of home placement.

STANDARDS/LICENSURE REQUIREMENTS:

This service does not require an agency to hold a specific license. The applicant must be able to adequately demonstrate to the Administrative Office of the Courts the education, training and experience which is relevant to the program and skill level required for effective service delivery.

UNITS OF SERVICE:

A unit of service equals one hour of face-to-face personal contact.

SERVICE GOALS:

1. Family self-sufficiency.
2. The youth's successful discharge from probation.
3. Keep the youth in the community and enrolled in school or other appropriate educational service.
4. No new referrals to the court.

PROGRAM COMPONENTS:

The service must consist of the following:

1. Development of a family-centered strength's based service plan.
2. Transportation for the youth and other family members in keeping with the goals and objectives of the service plan.

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3. Advocacy for the client and other family members in any domain identified on the service plan.
4. Routine service plan development and monthly updates with youth, family and probation officer.
5. 24 hour 7 day per week crisis response by primary advocate or agency backup by phone and in person if warranted.
6. Meet with youth and family in face to face meeting no less than three (3) times per week to maintain working relationship and provide case management and the youth and family's enrollment in and utilization of social, behavioral health, educational and other services and supports identified on the service plan. Youth / family advocates must be from the area served and represent the ethnicity, culture, language and values of the clients served.
7. Client coaching and mentoring for development of improved self-esteem, pro-social behaviors and positive family and peer relationships.
8. Focus of the services is the family unit as a whole, not the individual youth.

SERVICE TASKS:

1. Conduct a strength's-based family-centered assessment using the information from the JOLTS risk and needs tool as well as other appropriate tools within seven (7) days of referral. Ensure that all life domains are assessed.
2. Educate the family on what a family-centered strength's-based service plan consists of and how the plan is created. Engage family in the development of the plan and complete the plan within ten (10) days following completion of the assessment. Ensure that the goals the family sets are in keeping with the service goals on this specification.
3. Update the service plan no less than every thirty days following initial plan development by engaging the family together in a service plan review. Make every effort to include the probation officer's attendance during the plan's review and update.
4. Ensure that the service plan calls for the development of youth peer level pro-social activities on a weekly basis. The preferred minimum is five hours per week with the advocate and / or other youth who are not engaged in delinquent behavior or involved with the justice system.

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5. Ensure the service plan calls for the development of weekly family pro-social activities with or without advocate presence as the family is able to manage. The preferred minimum is three hours per week.
6. Assist youth and family in following through with identified activities and services on the service plan.
7. Ensure that the family and client access any and all social service supports called for in the service plan.
8. Assess the child educational needs. Ensure the identified youth's needs are met by the school district. (i.e.: IEP, Psycho-educational testing).
9. As a part of the assessment, verify the family's health and behavioral health insurance status. If appropriate, assist family with completing and submitting the Universal AHCCCS application form.
10. If the family is TXIX or TXXI eligible, ensure the client, as well as any other family member in need, is enrolled in the Regional Behavioral Health Authority and referred for behavioral health services as appropriate. Also ensure that the identified youth or other family members access needed health care services.
11. Ensure that the youth and family access the necessary community resources to meet the goals of the service plan. Utilize the available flex funds only as a last resort to pay for the services or activities identified to achieve the goals of the service plan for the family and / or youth after all other means of available funding have been exhausted including family self pay.
12. If the youth becomes enrolled in the behavioral health system and is receiving services, then the behavioral health clinical liaison and all other Child and Family Team members must be invited to join with this process.
13. Prepare and provide all required reports in accordance with the AOC Standard Terms and Conditions.

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I have read and fully understand the requirements to provide Family Support Service, agree to all requirements and propose the following:

Itemized service budget attached: yes no

Proposed Service Rate: (service code 162) \$ _____ / hour / client

Proposed service name: _____

Please attach a service description which clearly outlines how the service will be implemented. Please be sure to address advocate recruitment, training and retention processes, advocate to youth ratios, assessment, planning and implementation of the family plan, coordination with the behavioral health system, and all other service tasks and goals.

Program description attached: yes no

Other proposed agreement: _____

Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final Contract Rate: (service code 162) \$ _____ / hour / client

Other agreement: _____

Contractor Signature / Date

AOC Signature / Date